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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number 09/970,356

Filing Date 10/03/2001

First Named Inventor Michael A. VAUDREY et al.

Art Unit 2644

Examiner Name

Attorney Docket Number 2790-007

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR I hereby appoint the	per:	22208					
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 22208							
OR							
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SIGNATURE of Applicant or Assignee of Record							
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NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
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Art Unit	2644				
Examiner Name					
Attorney Docket Number	2790-007				

I hereby revoke all previous powers of attorney given in the above-identified application.								
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OR I hereby appoint the practitioners associated with the Customer Number:						2208		
Please change the correspondence address for the above-identified application to:								
The address associated with Customer Number: 22208 OR								
Firm or Individual Name	Roberts Abokhair & Mardula, LLC							
Address	11800 Sunrise Valley Drive							
Address	Suite 1000							
City	Reston		State	VA	Zip	20191		
Country	U.S.A.			<u></u>				
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SIGNATURE of Applicant or Assignee of Record								
Name Michael A. Va								
Signature	1 aV							
	03		elephor	1 2 60 13				
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